Caring for Survivors: Chile Can Do Better

JOSE MIGUEL GUZMAN
OVERVIEW

Jose Miguel Guzman is the Executive Director of the Centre for Mental Health and Human Rights (CINTRAS), based in Santiago, Chile. For over 30 years, CINTRAS has worked to provide holistic psychosocial support and medical treatment to survivors of torture and their families in Chile, helping rebuild lives and communities.

In July 2018, Jose Miguel traveled to Geneva, Switzerland, to brief the UN Committee against Torture on the obstacles survivors face to creating a life after torture in Chile. His testimony significantly influenced the Committee’s recommendations to the Chilean government.

Figure 1 Faces of victims during the Chilean dictatorship (1973 – 1990). By CARLOS TEIXIDOR CADENAS - Own work, CC BY-SA 4.0, https://commons.wikimedia.org/w/index.php?curid=57041714

Chile is often upheld as a country other post-dictatorship societies and transitioning democracies should aspire to emulate. In a region otherwise plagued by the legacies of inequality, social conflict, foreign interference and despotism, it is regularly portrayed as a beacon of stability.

Indeed, since the fall of the military dictatorship of Augusto Pinochet in 1990, Chile has ratified all the major UN human rights treaties and can claim to have introduced legislation that provides provisions of redress for victims who suffered during the period of the dictatorship. The Chilean government conducted a National Truth and Reconciliation Commission in 1991, a National Commission on Political Imprisonment and Torture in 2004, and is even a founding member of Convention against Torture Initiative, a global initiative that aims to achieve universal ratification and implementation of the Convention against Torture by 2024.
Chile’s experience, however, shows that transitional justice is never easy. The parallel responsibilities of ensuring justice for past crimes and building democratic institutions for the future, have led to frustrations and has not been painless. For anti-torture NGOs working in Chile, despite the good work, much more needs to be done before the obligations towards survivors is fulfilled and before the wounds of dictatorship can be healed.

**MILITARY DICTATORSHIP: 1973 - 1990**

Salvador Allende was elected President of Chile in 1970 running on a platform that sought widespread nationalization and social reform, which alienated many economic elites and conservatives in the country. As a response, in September 1973, General Augusto Pinochet, commander-in-chief of the Chilean army, staged a violent coup d’etat. Pinochet quickly dissolved Congress, suspended the constitution, banned opposition and cracked down on the media.

![Image of the ouster of Salvador Allende](image)

*Figure 2 Outside the Presidential Palace moments after the ouster of Salvador Allende. The lone figure in the white overcoat is Dr. Jose Quiroga, personal physician of President Allende. Dr Quiroga subsequently became one of the pioneers of the torture rehabilitation movement and is a former Vice-President of the IRCT.*

During a brutal dictatorship, hundreds of thousands of Chileans were executed, sent to concentration camps, tortured or forced into exile. Torture occurred in secret detention facilities as well as several well-known locations throughout Chile, including the country’s national football stadium in the capital Santiago.

These harrowing experiences had profound consequences on survivors. Many languished in prisons for years suffering horrific abuse and were forced to deal with debilitating physical and psychological injuries such as depression, anxiety and post-traumatic stress disorder (PTSD). The impact of torture went beyond the immediate bodily pain. It affected victims’ abilities to sustain social relationships, pursue employment and maintain daily routines. Victims often reported feeling intense humiliation, shame, guilt and isolation.
The effects were also felt by families, who had to live in constant fear for their loved ones and whose ability to secure incomes was severely disrupted.

A sample of CINTRAS’ client population shows that 65% of their clients have experienced PTSD or Complex PTSD.

RETURN TO DEMOCRACY: 1990 – PRESENT

General Pinochet resigned as head of state in 1990 and died in 2006 with over 300 criminal charges for human rights violations pending against him. His departure from power led to the end of the dictatorship and meant that Chile had to begin the difficult process of transitioning to a more just society. This significant challenge included not only looking to the future and attempting to establish robust democratic political institutions, but also to ensure that the transition adequately addressed the past injustices.

The first step was the establishment of the National Truth and Reconciliation Commission in 1990 to investigate crimes committed under the dictatorship. However, the government limited the scope of this Commission to victims of enforced disappearances and those who were summarily executed, while excluding victims of torture. At the same time, following the end of the dictatorship, political prisoners were not released from prisons immediately, but rather offered reduced sentences, thereby implying a presumption of guilt.

In 2003, the government commendably did launch a National Commission on Political Imprisonment and Torture, tasked with investigating violations under the Pinochet regime. The Commission found that close to 39,000 people had suffered from violations. However, 22,000 people who filed complaints were excluded from submitting evidence without being given a reason or means to appeal. Additionally, the government legislated to keep crucial archives—including the testimonies of victims of torture—secret for 50 years, restricting access to people’s own case information and severely hampering the quest for justice in the process.

Chile has also been slow to investigate allegations of torture and prosecute perpetrators. Before stepping down from power, Pinochet enacted an amnesty law that would shield perpetrators from prosecution, which is still in force today. Although there has been some progress, the Supreme Court of Chile recently released five men convicted of committing crimes against humanity under the military dictatorship, in a bitter blow to the recognition of victims’ suffering.
Hilton Prize Coalition  
An Alliance of Hilton Prize Recipients

All of this directly affects the ability of survivors to rebuild their lives and try to close a painful chapter in their personal histories. The rehabilitation process does not take place in a vacuum and the broader social context in which victims find themselves can often play a determining role in healing old wounds. A person who struggled for human rights under the dictatorship and is continually having to fight for recognition of their suffering will not find it easy to rebuild their lives.

In fact, the UN Committee against Torture explicitly states that “the restoration of the dignity of the victim is the ultimate objective in the provision of redress,” and further goes on to note that its core constituent elements are restitution, compensation, rehabilitation, guarantees of non-repetition and satisfaction. As the Committee recognizes, righting a wrong and recognizing the harm suffered are some of the most important principles involved in helping survivors rebuild their lives after torture.

**Figure 3 Hunger strike in Chile, photo courtesy of Carlos Candia.**

**REHABILITATION IN CHILE TODAY**

To its credit, the Chilean state has implemented one of the world’s few nationally mandated torture rehabilitation programs. Popularly known by its Spanish acronym, PRAIS, it consists of multidisciplinary teams of medical doctors, psychologists and social workers whose task ostensibly is to design a holistic health intervention to address the trauma caused by torture. Anyone who is a family member of a disappeared or summarily executed person as well as to those registered under the National Commission on Political Imprisonment and Torture has access to its services.

Despite these laudable efforts, there are currently serious practical impediments that prevents PRAIS from accomplishing its stated aims. First, waiting lists can often be extremely long. Second, the multidisciplinary teams that provide the services vary widely in professional formation, with some being very knowledgeable in the field of torture rehabilitation, and others with almost no training or knowledge. As there is no continuous or standardized training provided by the State, access to quality...
services can therefore often be down to pure luck as treatment varies significantly depending on the training and knowledge of the service provider. Third, the multidisciplinary teams constantly rotate meaning that healthcare professionals work in a PRAIS team, before being sent to another department. Fourth, with existing resources, the program cannot meet the current demand for its services.

These issues have very practical ramifications. Many of CINTRAS’ clients wait for years to access services and some recount with bitter disappointment the treatment they received under PRAIS. Repeatedly having to recount traumatic experiences to potentially untrained staff who lack the expertise to treat them, is not only a failure to provide care, but also potentially retraumatizing. Torture rehabilitation is a specialized medical field requiring not only specific medical training in the sequelae of torture, but also a considerable degree of empathy and commitment on behalf of the clinician. Without this, the process can potentially retraumatize the victim and cause damage to their well-being and to their families.

In July 2018, the UN Committee against Torture scrutinized Chile’s record on supporting victims of torture. During a comprehensive review, the Committee recommended that Chile enact concrete measures to increase funding and services of PRAIS as well as to avoid excessive staff rotation and to provide specialized training in torture trauma to all PRAIS staff.

The government should heed these recommendations and work with local partners to implement them. Resolving these problems must be an urgent priority as, on average, victims of torture from the dictatorship are on average 67 years old. Worryingly, preliminary results from a recent study by the School of Health of the University of Chile shows that life expectancy of victims of the dictatorship is reduced by an average of 17 years for men and 20 years for women when compared to the rest of the population.

The Chilean government should be credited with taking many positive steps to dealing with a gruesome past and attempting to support those who were wronged. CINTRAS has for years worked with other civil society partners and the State to continuously improve the services provided under PRAIS and to ensure that survivors of torture are provided for appropriately.

CINTRAS is currently working in collaboration with other torture rehabilitation centres from Latin America and throughout the world to collect and analyze data about torture and its effect to improve the evidence-base of torture, its impact, and the needs of survivors. Through its network in the International Rehabilitation Council for Torture Victims (IRCT) – a global association consisting of over 160 torture rehabilitation centres in more than 70 countries – CINTRAS is also taking part in establishing clear and measurable indicators to evaluate state performance in guaranteeing the right to rehabilitation to survivors of torture.

These international efforts are made in the great hope that the situation can still improve and in the firm belief that this is a necessary precondition for Chilean society to move on from its harrowing past. Chile has a unique opportunity to be a global leader in the fight against torture and to show that its international reputation is well earned. Chilean NGOs and international partners are willing to stand hand-in-hand with the government and work constructively toward pursuing this goal.

But time is pressing, and the government should not let this opportunity slip. To help torture victims live a better life tomorrow, practical action is required today.